INLAND COUNTIES EMERGENCY MEDICAL AGENCY

Serving San Bernardino, Inyo and Mono Courties

Serving San Bernardino, Inyo, and Mono Counties 1425 South "D" Street SAN BERNARDINO, CA 92415-0060 909-388-5823 FAX: 909-388-5825

EMERGENCY MEDICAL DISPATCH CENTER APPLICATION

	AGENCY INFORMATION							
	A.	Name:						
	B.	Address:						
			Number & Street		City	State	Zip	
	C.	Contact Nam	e/Title:					
	D.	Phone/EMAI	L:					
•	ADM	IINISTRATIO	N					
	A. Name of agency receiving dispatch services:(Attach separate list of agencies)							
	B.	Types of reso	urces dispatched:	ALS		BLS		
	C.	Type of syste	m: Pro QA Ed	ition		_ or equivalent		
	D.	Name of Training Officer & Title:						
		Phone:		Email:	Email:			
	E.	Number of Dispatchers:(Attach list of employed dispatchers)						
	F.	Number of Call Takers:						
GENO	CY M	UST NOTIFY	ICEMA OF ANY CH	IANGES.				
rint Na	ame &	Title:						
ignatu	re·				,	Date:		
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